

WORKSHOP ON WOMEN'S EMPOWERMENT INDICATORS

August 6, 1999
Washington, DC

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ACKNOWLEDGEMENTS

On behalf of the staff of NGO Networks for Health (*Networks*), the workshop organizers would like to extend our sincere appreciation to the gender experts who participated in the Women's Empowerment Indicators Workshop, August 6, 1999.

The overarching goal of the workshop was to inform the integration of gender into all *Networks* project activities. In particular, representatives from USAID, PVOs, cooperating agencies (CAs) and independent consultants met to contribute their knowledge and expertise to the development of indicators that will be used to assess the impact and capacity of networks to empower women. Over the coming year, *Networks* will research and document three selected networks in Kenya, Mali, and Nigeria.

Stimulating presentations generated lively debate and discussion on a range of women's empowerment issues. Results of break-out group work on pre-assigned topical areas included suggestions for assessment indicators, recommendations for next steps in refining indicators, approaches for measuring impact, and suggested guidelines for implementation of the documentation activities.

Networks greatly appreciates USAID's support of the project and its activities. *Networks* is especially appreciative of the confidence expressed by the Africa Bureau in *Networks*' ability to contribute to the advancement of knowledge about women's empowerment, and is grateful for their support and encouragement of this important work.

Special thanks to the following workshop presenters: Khadijat Mojidi, Senior Technical Advisor, Africa Bureau, USAID; Nancy Yinger, Senior Program Advisor, PATH; CEDPA's ENABLE Project Director Shelagh O'Rourke, and ENABLE's Monitoring and Evaluation Assistant Ugo Udensi; *Networks* Director Betsy Bassan; *Networks* Senior Monitoring and Evaluation Advisor Joe Valadez, and HIV/STI Advisor Mike Negerie.

Thank you to all those who attended (Annex: Participants List) the workshop and contributed a wealth of ideas and suggestions.

A special thank you to the workshop facilitator, Judith Light, who kept participants focused and on task while encouraging creative thinking and full participant involvement and to Belkis Giorgis, who organized the workshop.

Finally, heartfelt thanks to *Networks*' staff: Helen Espitallier, Manjiri Sonawane, Anita Braxton, and Ketaki Bhattacharyya for their administrative and logistical support. Their fine efforts contributed substantially to the workshop's success.



LIST OF ACRONYMS

ADRA	Adventist Development and Relief Agency International
AED	Academy for Educational Development
CARE	Cooperative for Assistance and Relief Everywhere
CBD	Community Based Distributor
CEDPA	The Centre for Development and Population Activities
CHANGE	Center for Health and Gender Equity
CS	Child Survival
FP/RH	Family Planning/Reproductive Health
GWG	Gender Working Group
ICPD	International Conference on Population and Development
JHU/PCS	Johns Hopkins University/Population Communication Services
MSI	Management Services International
NGO	Non Governmental Organization
PATH	Program for Appropriate Technology in Health
PRB	Population Reference Bureau
PVO	Private Voluntary Organization
SAVE	Save the Children
USAID	United States Agency for International Development



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Workshop on Women's Empowerment Indicators

Academy for Educational Development
Washington, DC

FRIDAY, AUGUST 6, 1999

- 9:30 **Welcome, Introductions and Project Background**
Betsy Bassan, Director, NGO Networks for Health
- 10:15 **Africa Bureau Perspective**
Khadijat Mojidi, Senior Technical Advisor, Africa Bureau, USAID
- 10:30 **Networks Documentation**
Mike Negerie, HIV/STI Advisor, NGO Networks for Health
- 10:45 **Conceptual Framework and Methodology: Discussion and Brainstorming**
Facilitator: Joe Valadez, Senior Monitoring and Evaluation Advisor, NGO Networks for Health
Belkis Giorgis, Coordinator of Network Documentation on Women's Empowerment, NGO Networks for Health
- 11:45 **Break**
- 12:00 **Women's Empowerment Indicators: Discussion**
Nancy Yinger, Senior Program Advisor, PATH, Gender Working Group
- 1:00 **Lunch**
- 1:45 **Nigeria Case Study: NGO Networks and their Impact on Women's Empowerment**
Shelagh O'Rourke, Director, ENABLE Project, CEDPA
Ugo Udensi, Monitoring and Evaluation, ENABLE, CEDPA
- 2:15 **Development of Indicators to Measure the Impact of FP/RH and Advocacy on Women's Empowerment. Small Working Groups Followed by Plenary**
Facilitator: Judith Light, MSI
- 4:15 **Workshop Closing**



II. EXECUTIVE SUMMARY: PREFACE

This report summarizes the proceedings of a planning meeting to develop indicators for documenting the impact of selected African family planning/reproductive health service and advocacy "networks" on women's empowerment. The workshop, held in Washington, DC on August 6, 1999, was sponsored by NGO Networks for Health (*Networks*), a partnership of five leading international PVOs: ADRA, CARE, PATH, Plan International, and Save the Children.

Networks, a global health partnership, was created to meet the growing demand for quality family planning, reproductive health, child survival, and HIV/AIDS information and services. With funding from USAID's Africa Bureau, *Networks* will document the experiences of three networks in Africa (Kenya, Mali, and Nigeria) that are thought to have contributed significantly toward improving the lives of women and their families. The objective of the documentation is to examine:

- the extent to which NGO networks can be a catalyst for mobilizing support for FP/RH services and programs;
- the types of programs which strengthen linkages between women's reproductive rights and the broader human rights agenda;
- programs or models which increase women's rights to make free and informed choices and safeguard and protect those choices; and
- successful NGO network models with approaches that promote involvement to support women's empowerment.

Workshop participants included representatives of agencies and groups with a broad range and depth of experience in gender and empowerment issues. The group's collective expertise included work in research, policy, program implementation, and evaluation. Consequently, the day's discussions and outputs reflected a wealth of information and perspectives, which contributed to a better understanding and articulation of empowerment in the context of reproductive health.

The outcome of two years of work by the Research and Indicators Sub-group of the Gender Working Group (GWG) provided a sound and stimulating basis for the afternoon's discussions, brain storming, and small group work around indicator development. Participants broke up into five working groups to identify and clarify issues, and propose indicators for the following selected categories: advocacy, institutional and community support, male involvement, service delivery, and social mobilization. Each area is considered an essential component in the upcoming network documentation activities. Subsequent feedback from the working groups reflected the various questions, issues, and challenges inherent in the task of developing appropriate, practical and reliable indicators to measure empowerment.



III. INTRODUCTION

Networks is committed to identifying, documenting and disseminating information on NGO networks with successful partnership experiences globally. Particular attention will be paid to networks that provide FP/RH/CS/HIV services. Furthermore, with support from the Africa Bureau, *Networks* will also integrate questions on how networks contribute to women's empowerment in Africa. The documentation process will include an analysis of the effectiveness of NGO networks to expand women's access to FP/RH/CS/HIV services and information. Kenya, Mali, and Nigeria have been identified as the three focus countries for these documentation activities.

The linkages between women's empowerment and health services are areas that have not been fully explored and, therefore, provide an ideal opportunity to document recent experiences. Women's empowerment is central to *Networks* program of documenting the efficacy of networks for the delivery of FP/RH/CS/HIV services. This initiative offers an excellent opportunity for the Africa Bureau and *Networks* to incorporate empowerment as an integral aspect of *Networks*' activities. Through integrated FP/RH activities, advocacy and health programs—linked to micro-credit, civil society and/or literacy—women's empowerment can be promoted. Results from this work will be shared with *Networks* Partners and other collaborating groups to serve as a catalyst for other networks to integrate women's empowerment into their organization and program objectives.

A. Workshop Objective

Networks convened a one-day, participatory Workshop on Women's Empowerment Indicators. The objective of the workshop was to acquire guidance and assistance with planning a documentation exercise to assess the experiences of NGO networks in three countries in promoting empowerment through family planning, reproductive health, and advocacy. Workshop participants included representatives from USAID's Africa Bureau, PVOs, CAs, and independent consultants who have been actively engaged in gender research, policy analysis, and programs (Annex: Participants List). The workshop initiated discussion and encouraged brainstorming among participants to develop the critical tools needed to measure women's empowerment.

The Workshop on Women's Empowerment Indicators fits within the context of *Networks*' objectives to document NGO networks' successes and lessons learned. The documentation in Kenya, Mali, and Nigeria will examine:

- the extent to which women's PVO/NGO networks can be a catalyst for mobilizing support for family planning/reproductive health services and programs;
- the types of programs which strengthen linkages between women's reproductive rights and the broader human rights agenda;
- programs or models which increase women's rights to make free and informed decisions to safeguard and protect their health; and
- successful NGO models which have emerged to include gender-sensitive approaches



IV. WORKSHOP CONTENT

A. NGO Networks for Health Project

Betsy Bassan

Betsy Bassan, Director, NGO Networks for Health, welcomed participants and presented background information about the project and its five Partners: ADRA, CARE, PATH, PLAN International, and Save the Children. The consortium members play key roles in development globally and have extensive in-country infrastructures and capabilities. The objectives of the project are to:

- Empower and enable individuals and communities to improve their health
- Create innovative and enduring NGO partnerships
- Foster and support networks that enhance the scope and quality of FP/RH/CS/HIV programs.

Ms. Bassan presented major findings from a recently documented health network in Bolivia called PROCOSI. The case study demonstrated a significant decrease in infant mortality and an increase in the percentage of women who had contacts with health providers as a result of the network's activities.

Follow on discussion among participants focused on answering the following key questions: what is empowerment?, how do we know it when we see it?, how do we measure empowerment? And what are the linkages between women's empowerment and reproductive health and advocacy programs.

B. USAID Africa Bureau Perspective

Khadijat Mojidi

Khadijat Mojidi, Senior Technical Advisor for FP/RH, Africa Bureau, Office of Sustainable Development, presented the Results Framework of Strategic Objective Eight (SO 8): Empowering Women through FP/RH Advocacy and Programs. The following strategies to achieve SO 8 were presented for discussion and the important linkages to *Networks* established:

- Utilizing networks for FP/RH
- Strengthening NGO capacity and participation
- Promoting linkages to support reproductive rights

Ms. Mojidi stressed the fact that women's empowerment is a critical component of FP/RH programming and challenged workshop participants to help articulate the experiences that support these objectives and strategies.

C. Network Documentation

Mike Negerie

Mike Negerie, HIV/STI Advisor, *Networks*, presented the networks documentation methodology, which will include literature reviews, in-country workshops with stakeholders, and site visits for in depth interviews with networks' members.



Descriptions of the three networks to be documented, the Kenya Association Program for Adolescent Health (KAPAH), Groupe Pivot, and Women's Network in Nigeria were shared with participants.

D. Conceptual Framework and Methodology: Discussion and Brainstorming

Belkis Giorgis, PhD, *Networks'* Gender Consultant, who is coordinating the assessment of networks on women's empowerment, led a discussion on the conceptual framework and methodology for developing indicators. She raised fundamental issues that influence selection of measurement tools within the cultural and socio-economic context of Africa. The following were noted as critical for developing a conceptual framework:

- The fundamental aspects of gender relations in the context of extreme poverty are based on survival strategies rather than individual conflicts of interest.
- Specific complexities and diversity within households define individual responsibilities. Therefore, in the African context and in situations of poverty, households are comprised of individuals for common interest.
- The role of each household member is organized around collaboration rather than competition. Consequently, while conflicts may arise, they are often overshadowed by immediate goals of survival.
- The collective needs of the family are paramount. However, there are significant gender differentials.
- While some FP/RH activities can be directed towards women, their input on women's empowerment becomes meaningless if they do not address the empowerment of other family members.
- The individual empowerment of women versus the collective empowerment of women is of particular importance. Women in many developing countries derive their sense of identity, support, and security from their community. Therefore, programs that seek to empower women collectively are more successful than those that exclusively target individual women.

Joe Valadez, PhD, Senior Monitoring and Evaluation Advisor for *Networks* shared *Networks'* monitoring and evaluation model for discussion. He presented four different intervention target levels for empowering women: the individual, the household, the community, and the state. These levels of empowerment interact to provide a basis for women to act—on information, available resources, and services—and to make decisions that positively impact their health.

Participant discussion also pointed out the importance of considering women's perceptions of empowerment in developing indicators and measurement instruments.



E. Initial Brainstorming and Discussion

E1. Indicators

Gender and empowerment indicators are complex issues and, consequently, determining which indicators are relevant and effective to demonstrate progress toward improving the lives and status of women generated the following questions, which participants agreed needed consideration:

- What are our priorities?
- How do we assess linkages between FP/RH and women's empowerment?
- How do we affect change?

The above questions must also be considered in a variety of contexts: the context of empowerment generally, and empowerment in Africa for the case studies. These questions also need to be answered from global and regional perspectives.

E2. Data Collection

Participants stressed the need to collect qualitative and quantitative data to measure empowerment. Discussion took the form of a general brainstorming session, with the key points recorded as follows:

Brainstorming Session: Discussion on Women's Empowerment

1. The definition of empowerment
2. The relationship between women's empowerment and reproductive health
3. The definition of empowerment in the African context
4. The role of males in reproductive health programs
5. Whether improvements in reproductive health lead to women's empowerment or whether women's empowerment leads to an improvement in reproductive health
6. Reproductive health as the entry point for the empowerment of women.
7. Community based models vs. individual models.
8. The critical roles males play, both negative and positive, in the empowerment of women.
9. What do we need to say to convince our opponents? (i.e., can we show quantitative results?)

The consensus at the workshop was that:

1. There are synergistic effects between women's empowerment and reproductive health.
2. Reproductive health can be used as an entry point for empowering women to participate in other activities.

Some general characteristics of empowered women:

[Note: DHS has a module on female empowerment, which is a good reference]



1. Choose contraceptive method
2. Partner/spouse engaged in dialogue
3. Extended family involvement
4. CBD (health provider) can stand up and give a presentation; has training; support from spouse and community; safe environment to transmit information
5. Have empowered daughters [Look at how sons are raised as well!]
6. Can take the information they have acquired and translate it into action (awareness versus behavior in terms of reproductive health)
7. Have the capacity to say no, for example in rejecting programs and activities that they do not find acceptable
8. Aware of/recognize her own needs
9. Aware of rights (human/reproductive)
10. Know they are entitled to information/services; know where to seek information.
11. Are willing to challenge the social norms

Participants acknowledged that empowerment is complex and that there is an array of empowered behaviors.



V. NIGERIA CASE STUDY: NGO NETWORKS AND THEIR IMPACT ON WOMEN'S EMPOWERMENT (*Shelagh O'Rourke and Ugo Udensi*)

Mobilizing Grassroots Women's Networks to Promote Women's Participation and Reproductive Health

Nigeria, with an estimated population of over 111 million, is the most populous African nation. Over half are women. Despite the large population of women, the statistical indicators for women have not significantly improved over the years. The maternal mortality rate is 1,000/100,000 live births, the infant mortality rate is 114/1,000 live births, the contraceptive prevalence rate has stagnated at 11%, and female literacy is 47% compared to 67% for males. Perhaps most indicative of women's status is the total participation of women in political office, which is a mere 4%. In addition, Nigeria has had a repressive authoritarian military regime practically since independence.

Within this context, Nigerian women have been compelled to address their own needs and interests in ways that would not cause social instability. Group formation in Nigeria is not new. Women, in particular, come together for various reasons, including:

- Children/women's/family health
- Economic survival/ cottage industries/micro-credit
- Education/skills training and development
- Advancing their rights to be heard through community channels

Such networks were CEDPA's initial partners in delivering family planning/reproductive health services under its health program starting in 1987. In 1997, CEDPA began working with USAID's Democracy and Governance Initiative in Nigeria, a natural progression, as CEDPA had been working with Nigerian women's networks to mobilize their members around health and credit issues for ten years. The D&G Initiative provides CEDPA the opportunity to further link family planning/reproductive health and child survival activities with other activities which enhance women's health and social status.

CEDPA's strategies include:

- Generating demand for modern family planning/reproductive health
- Testing models to expand access through women's networks
- Advocacy and coalition building through linked programs
- Emphasizing women's decision-making for family planning/reproductive health

Mechanisms

- Formation of "100 Women Groups" to form a critical mass that advocates for policies and laws that benefit women
- Creation of networks, both formal and informal, among youth groups, the media, women's cooperatives, and church groups to mobilize and educate women



- Use of training as a tool for participation and leadership. CEDPA works through its rich in-country alumni base to train these groups in civic education, human rights, and advocacy

The main mechanism through which CEDPA mobilizes women's networks is the "100 Women Group." Each 100 Women Group is a coalition composed of members of community-based organizations, NGOs, women's associations, and church groups at the local level that organize around a common issue or concern. Several 100 Women Groups then join forces to advocate for common issues at the state and national levels.

Over the years, the groups composing the networks have evolved from small family, community and tribal groups to larger, more diverse groups. The networks have grown more complex, some now operating at the national level and specializing in specific areas of interest, such as affirmative action for women, women and children's health issues, women's political participation, access to credit, and inheritance rights.

Recent Results of Mobilizing Women's Networks

Networks have played a major role in increasing women's participation at local and national levels:

- As a result of women's networks, over 3.5 million voters were registered during two years of the D&G Project.
- Women's networks established rural women parliament forums to demand accountability from local leaders and to promote activities that benefit women and families, e.g. reproductive health services.
- Networks supported 125 women to contest for elections, including financing their campaigns; 43 women won.
- 100 Women Groups mobilized communities for National Immunization Days.
- Women's networks participated in The Women's National Summit to draft the National Policy on Women and advocate for affirmative action for women.

Lessons Learned from Mobilizing Grassroots Women's Networks

- Community groups are organic; once ignited, they become creative in application of principles of participation.
- Participation is infectious, as illustrated in the expansion of a community agenda at the micro level, to policy and legislative reforms at the macro level.
- Commonality of women's needs generated solidarity across ethnic, religion, and social lines, culminating in a National Women Development agenda.
- Contrary to common belief, traditional practices can be changed through dialogue and negotiation.
- Building coalitions based on existing indigenous networks can create political space, generate synergies, and sustain multi-sectoral development programs.



VI. WOMEN'S EMPOWERMENT INDICATORS: IDEAS FROM THE GENDER WORKING GROUP (*Nancy Yinger, PhD*)

Nancy Yinger described the efforts of the USAID Gender Working Group, which has spent the past two years incorporating gender into the ongoing monitoring and evaluation of reproductive health programming. The Working Group notes that a range of indicators have been developed to measure the ultimate outcomes of reproductive health programming and behavior changes at the individual and service provider levels. In addition to these proxies for program success, it is necessary to select and use process indicators to monitor program activities over time.

The Gender Working Group (GWG) recommends that both quantitative and (especially) qualitative indicators be used to measure gender-related changes in society over time. Using the ICPD Cairo Conference as a reference, it is important to identify those gender-related obstacles that prevent people from understanding and achieving good reproductive health.

As a construct, gender does not just pertain to women. It is complex and encompasses the socio-cultural roles assigned to men and women and the dynamics between them. In order to achieve reproductive health objectives, a gender perspective must be taken that:

1. Identifies gender-related obstacles;
2. Includes gender-related activities aimed at reducing these obstacles;
3. Adds gender-sensitive indicators to monitoring and evaluation plans to measure the success of the activities in lowering the barriers.

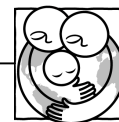
In this context, gender-related indicators are process indicators. The GWG suggests that the challenge of incorporating gender into reproductive health programming is how to operationalize it into a project's design while continuing to keep in mind the project's health objective.

One approach identifies gender-related obstacles to achieving project objectives and includes activities to address these obstacles. This approach facilitates measuring the success of intervention to address gender obstacles. One possible drawback to this approach is that it starts from a negative assumption, i.e. gender-related issues are presented as obstacles. However, program managers and implementers should keep in mind that reproductive health programs can reinforce the synergy between improved reproductive health and improved women's status by explicitly including gender sub-objectives in the strategy. Gender objectives can be divided into categories of participation, equality, empowerment, and human rights. Indicators for various programs can be grouped under these relevant aspects of gender, to assist with defining a project's concise, strategic set of gender-related objectives.

Nancy Yinger's presentation provided a common frame of reference for the afternoon's work in small discussion groups. The presentation focused on many of the issues raised in the morning brainstorming session regarding the conceptual framework and methodology, and noted that gender is specific to each situation. For example, the concept of "autonomy" may not be applicable in the African socio-economic/cultural context. Autonomy, and its measurement, may be a Western construct, which does not have relevance.



To establish tasks for small group discussions, the GWG's approach was provided as a guide to identify obstacles, and respond with possible interventions to address them. Following this, the group was asked to develop and/or select indicators applicable and relevant for the measurement of Networks activities.



VII. DEVELOPMENT OF INDICATORS TO MEASURE THE IMPACT OF FAMILY PLANNING/REPRODUCTIVE HEALTH AND ADVOCACY ON WOMEN'S EMPOWERMENT: WORKING GROUP TASKS AND DISCUSSION

The participants joined five facilitated small group discussions—Micro-enterprise Development, Service Delivery, Male Involvement, Advocacy and Policy, and Social Mobilization. Using the model presented by the Gender Working Group as a guide, each group began tackling the following questions/issues:

- What are the objectives?
- What are the obstacles?
- What is your group's process to begin brainstorming indicators?

At the end of the working session, the groups noted that this just the beginning of what needs to be a longer, more complete discussion. Outputs from the working groups follow. The outputs from each group were not uniform. However, each group was able to list some of the key issues to be included in a relatively short time.

A. Micro-enterprise Development (*Belkis Giorgis, facilitator*):

Over the last decade, it was noted that micro-enterprise activities have been initiated and implemented as a means of increasing women's economic situation. Valuable lessons have been learned to guide future activities and measure their success.

- Activities that increase women's income (revolving funds, insurance schemes etc.)
- Access resources to set up micro-enterprise that benefit women/ as a network
- Create markets for what women produce and helping them negotiate fair prices
- Train women in micro-enterprise development (such as bookkeeping)
- Take into consideration women's work burden and develop micro-enterprises that accommodate women's roles. For example, women to take part in/close proximity to home, day care for children, etc.

B. Service Delivery (*Ruth Hope, facilitator*):

Obstacles (focusing on KAPAH):

1. Societal double standards for boys and girls
 - Sexuality
 - Sexual behavior
2. Economic dependence
 - Young girls on older men
 - Families on girls
3. Differential treatment by service providers of boys/girls
4. Lack of youth-friendly information and clinical services



Network Role:

- Broad-based forum
- Advocacy for Policy change for youth-friendly/gender sensitive provision of services

Indicators:

- Involvement of youth (girls and boys) in determining provision
- Changes in gender imbalances in service provision
- Gender awareness in training and supervision

C. Male Involvement (*Emily Moore, facilitator*):

Objective:

1. Increase men's support for women's sexual and reproductive health and children's well-being
 - Increase active support
 - Increase the number of men in counseling
 - Increase providers' attention toward CC
2. Promote gender equity, particularly concerning reproductive rights, reproductive health decision-making, and children's well being.
3. Male Involvement Indicators
 - "Alliances" with Men's groups—What did they intend to achieve?
 - What is the nature of the alliance?
 - How often? Info. Sharing? What actions have resulted from these alliances? Unanticipated, positive effects/results?
 - Improved male attitudes toward what?
4. KAP studies of boys (& girls) on RH; decision-making; contraceptive use & responsibility
5. Approaches/policy communications with male policy-makers
 - Deliberately focus on male policy makers (w/ education, etc.)
 - What issues did the project advocate for?
 - Who did they approach?
 - Did they result in increased funding? Policy changes?
6. Changes in providers' knowledge and attitudes about roles men can play in support of women's RH
7. Changes in providers' attitudes/practices in terms of including men in counseling sessions
8. Changes in clinic hours to make it easier for couples to come in together
9. Changes in language and implementation of policies and legislation, especially those related to male gender norms which affect RH/CS/HIV
10. In community-based activities: Changes in men's attitudes about gender roles (through qualitative methodologies)
11. Develop checklists, since this is an assessment and not an evaluation
12. Remember old men and young men and sustainability



D. Advocacy and Policy (*Rebecca Firestone, facilitator*):

Objectives:

1. Did the NGO network explicitly intend to use advocacy to address RH issues?
2. Did the NGO network identify a need for RH policy change? Did they act upon it? How? Did they affect policy change?
3. What is the value-added of having a network?
 - An increase in mobilization power?
 - Greater legitimacy?
 - Resources (\$ and skills)?
4. Who represents the NGO to the network?
5. Who represents the network in the policy arena?
6. Who makes decisions within the network?
7. Has there been an increase in women's participation/membership within the network?
8. Are the NGO networks democratically managed? Internal elections?
9. How were the RH issues for advocacy defined within the network?
10. What was the process for identifying these issues?
11. To what extent did women participate in the policy change?
12. Are these networks involved in international advocacy for RH/rights? Did they take this information back to their communities? Nationally?
13. Transfer of skills across networks? How were needs identified?
14. Have the networks broadened their issues to include other women's issues?
15. What are the primary issues? Secondary?
16. Is the policy environment supportive of NGOs?
17. How does the government view networks?
18. Are they seen as legitimate partners in the policy process?
19. Are there any policy changes on reproductive rights or RH service delivery?
20. Need local level input in order to develop indicators?

E. Social Mobilization and Community Supports (*Rita Feinberg, facilitator*):

- Which impacts are of interest to donors? Networks?
- Define these impacts: i.e. Bringing children for immunizations
- How has the existence of a particular network contributed to the defined/selected impacts?

Guidelines:

1. What is the "network" trying to accomplish? (What are the objectives?)
2. How does gender fit in? Are objectives gender related? And how? Have they taken gender into account in achieving the objectives? If so how?
3. What activities have "networks" conducted for social mobilization?
 - Was the specific activity related to the gender specific objectives?
 - Has the specific activity taken gender into account?
4. Was the activity mobilizing effort successful?
5. What was the impact on gender? Through what processes? (direct or indirect)



F. Workshop Closing

The complexity of addressing empowerment issues within the context of reproductive health programs was evident from the range of topics that were covered during the workshop. However, there was consensus on some issues that were fundamental to guiding the documentation efforts in which NGO Networks will be involved. The following is a summary of these issues:

- Build on existing groups and institutions as a foundation where women are major beneficiaries or implementers of programs to promote women's empowerment.
- Establish an agenda for the integration of empowerment concepts linked with the priorities and concerns of women in a reproductive health framework as defined by the principles of Cairo.
- Provide resources and assistance targeted towards establishing linkages, which address the holistic needs of women.
- Actively engage other groups such as men, religious leaders, and policy makers to understand and support the empowerment of women through dialogue, activities, laws, and legislation.
- Address the empowerment of youth, both male and female, to make reproductive health decisions that enable them to prevent unwanted pregnancies and avoid STD/AIDS. This was also seen as a means for changing gender relations at an early stage
- Support interventions that support activities that empower the next generation.

The driving questions, for today and for our ongoing work, are:

- *Empowerment*—how will we know it when we see it?
- How will we measure it?
- What are the linkages between empowerment and reproductive health and advocacy?



Workshop on Women's Empowerment Indicators

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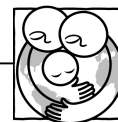
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NGO Networks for Health is a worldwide project to improve health services by building or strengthening partnerships at the community level between organizations that are already working there. These partnerships provide a range of services, including family planning, maternal and child health, and HIV prevention, that are relevant to the local situation. This five-year effort began in June 1998, and brings together five development organizations—the Adventist Development and Relief Agency (ADRA), Cooperative for Assistance and Relief Everywhere (CARE), Plan International, Program for Appropriate Technology in Health (PATH), and Save the Children USA. NGO Networks is supported by USAID's Global/Population, Health, and Nutrition Center.

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